		Eff	ective De	E DETERM cember 8,	2004	110111120				0/	5	39.0	27	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMAL TYPE	LEI	VIIIIY		OTI-	OTHER THAT	
TOTAL	CLAIM	s X	1				7	RAT	Ε	FEI		RAT		
FOR			NUA	BER FILED	יטא	ABER EXTRA	1	BASIC FEE		150.	∞	BASICI		
TOTAL C	HARGE	ABLE CLAIM	is 8	8 minus 20=		<i>Q</i>]	X\$ 25=			\exists_{c}	R X\$50	-	
NOEPEN			14	minus 3 =	•	0		X100=			٦,	R X200		
AULTIPLI	E DEPE	ENDENT CLAI	M PRESEN	RESENT] [+180=			٦,	R +360		
If the difference in column 1 is less than zero						column 2		TOTA	L.		٦,	``	2900	
6-15	-05	(Column	S AMENI	OED - PART (Colum	n 2)	(Column 3	լ	SMAL	LE	NTITY	or		R THAI	
Total	8	CLAIMS REMAINING AFTER AMENDMEN		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		PATE		ADDI- TONA FEE		RATE	ADI TION FE	
Total		. 8	Minus	-8	; ·	<i>- 0</i>	1 [X\$ 25:	-		OF	X\$50		
Indepe		MTATION OF	Minus	DEPENDENT	~! ^!	- 0	1 [X100=	1		OF	X200=	1	
			moen ce	·			י ר	+180=			OR	÷350=		
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		(Column 1)			0 1	20.4	ADO	TOTAL OIT, FEE			OR	TOTAL ADDIT: FEE		
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Total			Minus	**		:	X	25=			<u> </u>	X\$50=	FEE	
Independ	ent .		Minus	***		-	\vdash		<u> </u>		OR			
IRST PE	RESEN	TATION OF M	ULTIPLE DE	PEŅDENT CL	AIM		X	00=			OR	X200=		
the entry in column I is less than the entry in column 2, write "0" in column 3. the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"							+1	80=		l	DR	+360=		

FORM PTO-673 (Rev. 1004)

Patient and Trademark Othon, U.S. DEPARTUENT OF COMMERCI

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